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WOMEN'S MENTAL HEALTH: A PENNSYLVANIA PRIORITY

Edited by

Barbara L. Claster, Ph.D.
Kathryn Towns, Ph.D.

1984 - 1988

PUB 177 2/90

EXECUTIVE SUMMARY

PENNSYLVANIA TASK FORCE

FOR

MENTAL HEALTH: WOMEN

* Funding
* Model Programs
* Information
* Resources
* Research
* Data Collection
* Implementation

Information about the complete report of Task Force work, findings, and recommendations can be obtained from the Department of Public Welfare, Office of Mental Health, P.O. Box 2675, Harrisburg, PA 17105.

PY M5498.2 W872
Pennsylvania Task Force for
Mental Health: Women.
Women's mental health

"You cannot, in this day and age, examine a woman without examining what is happening in the system where she moves; what is happening in her family; what kinds of stresses she is trying to overcome; what her financial and educational situation is. Psychotherapists who do not closely examine the role of culture and the social context in which the woman lives obscure the problem, misdiagnose it, and mistreat the woman patient."

Bernardez, T. (1982). For better or for worse? Women and the mental health system. Women's Task Force, Michigan Department of Mental Health.

Foreward: Executive Summary of the Report of the Pennsylvania Task Force Women

Karen F. Snider
Acting Deputy Secretary for Mental Health

Beginning in 1983, under the previous administration, the DPW Advisory Committee for Mental Health/Mental Retardation and the Pennsylvania Commission for Women co-sponsored the establishment of the Pennsylvania Task Force for Mental Health: Women. The mission of the Task Force was to identify the mental health needs of Pennsylvania's women and to recommend social and public policy changes to more effectively address these needs. Between 1984 and 1987, the Task Force heard the concerns of over 1,000 women expressed in regional seminars and statewide conferences and surveys involving consumers, women's organizations, professionals, advocates, administrators and educators. The recommendations, goals and strategies for change developed by the Task Force are condensed in the enclosed Executive Summary entitled Women's Mental Health: A Pennsylvania Priority, co-authored by Barbara Claster, Ph.D., and Katherine Towns, Ph.D. The authors and the many contributors to this report are to be commended for their diligent and thorough work in preparing this report, often at great personal expense.

The perspectives and recommendations in this Executive Summary of the Task Force report are presented as offered by the many contributors and do not necessarily reflect the positions or policies of the sponsor agencies. However, the scope of the issues raised for consideration make the report a useful planning resource. Many issues identified in the report have already been addressed in the state mental health planning process. The areas of concern identified here will challenge and guide us for years to come.

Please share the summary with interested parties in your organization or agency. Copies of the complete report may be obtained by calling the Chief of the Division of Special Needs Populations, Office of Mental Health, at 717/787-8011.

Enclosure

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17120

ADVISORY COMMITTEE
FOR MENTAL HEALTH/
MENTAL RETARDATION

CHAIRPERSON:
Jan Loeffler

August 15, 1989

Dear Dr. Barbara Claster and Dr. Kathryn Towns:

On behalf of the Mental Health/Mental Retardation Advisory Committee, I would like to commend the Task Force for Mental Health: Women and you as the Task Force co-chairs, for the three years of hard work which has been given to this task. The report reflects the concerns and recommendations of more than 1,000 women in Pennsylvania who participated at conferences and provided the Task Force with their comments through written communication. The ability of the Task Force to listen to these 1,000 voices and consolidate recommendations is commendable.

The Mental Health/Mental Retardation Advisory Committee is pleased to be able to endorse the process and effort of the Task Force. Many issues which relate to the mental health condition of women were identified and studied. We pledge our assistance in encouraging the Department of Public Welfare to implement those goals and recommendations outlined in the report which are within the purview and responsibility of the Department.

Sincerely,

Jan A. Loeffler

Jan A. Loeffler
Chairperson

cc: MH/MR Advisory Committee

COMMONWEALTH OF PENNSYLVANIA
ROBERT P. CASEY, GOVERNOR

PENNSYLVANIA COMMISSION FOR WOMEN

Box 1323
Harrisburg, PA 17105
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Janice H. McElroy, Ph.D.
Executive Director

Jacqueline A. Smith
Deputy Executive Director

August 29, 1989

Dr. Barbara Claster
1065 Park Avenue
New York, NY 10128

and

Dr. Kay Towns
Penn State - Harrisburg
Capitol Campus, Crags Building
Middletown, PA 17057

Dear Dr. Claster and Dr. Towns:

The Commission for Women acknowledges with appreciation the Executive Summary of the report from the Pennsylvania Task Force for Mental Health: Women. As far as we can determine, this is the first such comprehensive study undertaken in the country on the issue of women and mental health. It is, therefore, a precedent-setting achievement and the Task Force co-chairs are to be commended for their ground breaking effort.

The Task Force members are also to be commended for their patient pursuit of this information through hours of reading and listening to the concerns of more than one thousand women. We are also grateful to those women who were willing to share their recommendations and concerns with the Task Force that others may benefit in the future from what was learned.

The Commission for Women will carefully review the recommendations of the Task Force and will follow with interest future developments in the area of women's mental health.

Sincerely,

Judith Heh
Chair

and

Janice H. McElroy, ~~Ph.D.~~
Executive Director

ACKNOWLEDGMENTS

The Pennsylvania Task Force for Mental Health: Women wishes to express its gratitude to the one thousand women who contributed concerns, energy, time and money to make this report possible.

We wish to thank our co-sponsors, the Pennsylvania Department of Public Welfare and the Pennsylvania Commission for Women, for their wise counsel and continuing support services.

We also wish to express our appreciation to the Maurice Falk Medical Fund, the Division of Continuing Mental Health Education of MCP/EPPI, the Western Psychiatric Institute and Clinic of the University of Pittsburgh and a private citizen for having generously underwritten the word processing expenses for the Proceedings of the Pennsylvania Task Force for Mental Health: Women (1983-1988). This executive summary has been written from that volume and with the editorial assistance of the Department of Health Sciences Publications and Development of the University of Pittsburgh.

The collaborative spirit of advocates, family and consumers, and providers has focused on women's mental health, ultimately demonstrating that the needs of Pennsylvania's citizens can be met by cooperative efforts.

Barbara L. Claster, Ph.D.
Kathryn Towns, Ph.D.
Co-Chairs

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I. PRIORITY RECOMMENDATIONS

In the past few decades, changes in American society have brought new choices and opportunities for everyone. Shifts in values and roles have led us to examine the meaning of words such as responsibility and commitment. Policymakers must look at the implications of these changes for all people's lives, particularly in terms of the effect of societal changes on life span developmental issues, gender and ethnicity. During the past three years, the Pennsylvania Task Force for Mental Health: Women has heard more than one thousand women speak of their concerns and needs in conferences, regional seminars, and statewide surveys. Based on this information, the task force has drawn some conclusions about women's mental health needs.

This report builds on and extends ideas and issues first addressed in national reports released between 1978 and 1985. These reports presented an agenda that challenged advocates, family and consumers, and mental health professionals to acknowledge the existence of new knowledge about women, to explore how social context contributes to mental health problems in women. These reports also encourage the development of programs to eradicate the alienation, powerlessness, and poverty of women and to prevent the recurrence of such deeply rooted problems.

The passage of the Equal Rights Amendment in Pennsylvania in 1971 raised important questions about women's evolving role and the personal and familial pressures that accompany such change. Such questions led to recommendations that mental health efforts be more closely related to the changing and special needs of Pennsylvania's women.

The Advisory Committee for Mental Health/Mental Retardation began to address women's mental health issues and the delivery of services in the fall of 1982. In 1983 the advisory committee voted to establish a task force on women's mental health and recommended that it be established in co-sponsorship with the Pennsylvania Commission for Women. The Pennsylvania Task Force for Mental Health: Women began substantive work with a steering committee in 1984. In three years, the task force completed ten separate surveys, held a statewide invitational conference and sponsored seven regional one-day conferences across the commonwealth.

Out of these meetings, which reflect the voices of 1,000 women statewide, the most frequently mentioned concerns included:

1. protection from abuse, rape, and domestic violence;
2. adequate income and financial security;
3. establishment of more support groups;
4. therapy compatible with feminist concerns;
5. availability of appropriate and accessible services; and
6. programs to encourage self-esteem.

These concerns led the Task Force to identify six priority areas, resulting in the following six recommendations:

1. DATA COLLECTION

Data should be collected on all mental health clients in state mental hospitals and community mental health programs as the basic information for treating women fairly and with dignity: age, sex, race, socio-economic status, psychiatric diagnoses, medications, gynecological and obstetric history, family history, personal and family incidences of victimization and/or violence, and the number and duration of hospitalizations.

Systems recommended to implement these objectives include:

1. County Association of MH/MR Administrators;
2. Department of Public Welfare;
3. Eastern Pennsylvania Psychiatric Institute;
4. Hershey Medical Center/The Pennsylvania State University;
5. Mental Health Association of Pennsylvania; and
6. Western Psychiatric Institute and Clinic.

2. INFORMATION HOTLINES ON SPECIAL SERVICES FOR WOMEN

Information about special services for women, organized by the recommended systems, should be supplied to all telephone personnel, including: Bell System, 800-number operators, and state and local information and referral personnel.

Systems recommended to implement these objectives include:

1. Bureau of Vocational Education;
2. Department of Corrections;
3. Department of Public Welfare;
4. Local Women's Centers;
5. Mental Health Associations;
6. Mental Health Providers;
7. Office of Vocational Rehabilitation;
8. Pennsylvania Coalition Against Domestic Violence (PCADV); and
9. Pennsylvania Coalition Against Rape (PCAR).

3. PUBLICATION AND DISSEMINATION OF MENTAL HEALTH RESOURCES INFORMATION

Listings of regional and community mental health programs, services, and other resources for women must be immediately and widely distributed to the public. In addition to aiding troubled women, this action will serve as the basis for planning improved programs, services, and resources for women statewide.

Systems recommended to implement these objectives include:

1. Business and Professional Women's Organizations;
2. County Commissioner's Association;
3. Mental Health Associations;
4. Mental Health Providers;
5. Pennsylvania Coalition Against Domestic Violence (PCADV);
6. Pennsylvania Coalition Against Rape (PCAR);
7. Pennsylvania Commission for Women;
8. Religious Organizations;
9. Women's Centers;
10. Women's Coalitions; and
11. YWCAs.

4. MODEL PROGRAM INVESTIGATION

Model mental health programs in other states, both traditional and nontraditional, should be investigated. These programs should focus on enhancing women's self-esteem, independence, and family living skills, and on providing nonsexist vocational training. This examination of new programs and the sharing of community as well as professional expertise should incorporate the most appropriate elements of other model programs.

Systems recommended to implement these objectives include:

1. Bureau of Vocational Education;
2. Department of Corrections;
3. Department of Public Welfare;
4. Local Women's Centers;
5. Mental Health Associations;
6. Mental Health Providers;
7. Office of Vocational Rehabilitation; and
8. Pennsylvania Commission for Women

5. RESEARCH INTO MULTIPLE ROLES

Investigation, data collection, and research on women's multiple roles must be initiated, especially as they concern the impact of caregiving on adult women's mental health. Women are conditioned from an early age to meet the needs of others, often at the cost of repressing their own physical and emotional needs. They need support systems that will enable them to provide care without damage to their own mental health. Research will help identify women's needs in this area and will lead to appropriate systematic responses.

Systems recommended to implement these objectives include:

1. Alcoholism and Addiction Association of Pennsylvania;
2. Department of Aging;
3. Department of Education;
4. Department of Health;
5. Department of Labor and Industry;
6. Department of Public Welfare;
7. Drug and Alcohol Service Providers;
8. Local Commissions for Women;
9. Mental Health Associations;
10. Mental Health Providers;
11. Pennsylvania Bar Association;
12. Pennsylvania Commission for Women; and
13. Women's Local Coalitions.

6. TASK FORCE

The functions of the task force should continue, co-sponsored by the Advisory Committee for Mental Health/Mental Retardation, the Department of Public Welfare and the Pennsylvania Commission for Women.

Systems recommended to implement these objectives include:

1. Department of Public Welfare; and

2. Pennsylvania Commission for Women.

The primary conclusion and underlying principle in all of the task force's recommendations is that the current understanding of women's mental health needs and the subsequent development of programs and services based on that understanding are inadequate and often inappropriate. Cost effective, appropriate mental health policy, programs and treatment interventions must be based on an understanding of the relationship of gender, sex roles and ethnicity with mental health.

II. INTRODUCTION

TASK DEFINITION

In Pennsylvania, as in other states, women use the mental health system more often than men. This fact raises some intriguing questions: Are women more susceptible to mental illness or are they simply more inclined to seek treatment? Does the pattern of mental health differ in men and women? Do women of different ages have different needs? Do women of different ethnic backgrounds have different needs? Does the current system meet these needs? Do the gender patterns of men and women affect their mental health service needs? Does the mental health system treat men and women with equal effectiveness?

The task force was created to assist in finding answers to these and related questions. Its mission was to explore Pennsylvania's mental health system and to recommend ways to make the system more responsive to women's needs. To accomplish this goal, the Task Force identified factors that affect women's mental health and recommended appropriate responses. It also identified primary prevention strategies to help women maintain their mental health so that professional mental health treatment does not become necessary.

Task force findings stress that lack of adequate funding specifically for women's mental health programs and prevention- and intervention-based services significantly affect women's ability to lead productive lives, be self-sufficient, and support themselves and their families. Moreover, the investment of funds in adequate programming for women's mental health will, in turn, aid the economic health of the commonwealth.

All aspects of a woman's life contribute to the quality of her mental health. The findings of the task force affirm the need for social and mental health system changes to bring about a quality of life that enhances and respects the mental health of all women. It is the hope of the task force that the implementation of its recommendations, though centered on women, will improve the quality of life for all the people of the commonwealth.

III. HISTORY

In 1983, the Department of Public Welfare's Advisory Committee for Mental Health/Mental Retardation approved the concept of a task force to study the mental health of women in co-sponsorship with the Pennsylvania Commission for Women.

STEERING COMMITTEE

In 1984, a nine-member steering committee, was established and worked for more than a year to determine whether a need existed for specific investigation into issues relevant to women's mental health. Initially, the steering committee surveyed a range of organizations and institutions in Pennsylvania, including:

1. colleges, universities, and medical schools that educate mental health professionals;

2. women's centers and organizations;

3. mental health professional organizations;

4. county mental health administrators;

5. state mental health hospitals and restoration centers; and

6. national commissions, councils, committees, and centers on the status of women.

Additional data were obtained from the 1980 U.S. Census and from the Department of Public Welfare's Patient Census Information System.

This early work of the steering committee indicated a profound need for further investigation into women's mental health issues as well as a need for an ongoing task force. A national review of Commissions for Women revealed that no other task force on women and mental health was known to exist in the country. The pathway devised by the Pennsylvania Task Force for Mental Health: Women has therefore been entirely of its own design.

SUMMARY OF 1984-1985 SURVEY RESULTS

Responses to the steering committee's survey overlapped to a high degree. The following areas, listed in order of priority based on the percentage of responses obtained for each issue, emerged as consistently critical, regardless of the wide spectrum of survey participants:

1. protection from rape, abuse, and domestic violence (96%);
2. adequate income and financial security (91%);
3. more available services, particularly rural (75%);
4. need for support groups (67%);
5. need for development of specific feminist therapy (58%);
6. need for (feminist) consciousness-raising groups (46%); and
7. improved individual therapy (27%).

The mental health needs that were mentioned most frequently on all the survey returns were:

1. educational systems that permit and encourage girls and women to develop feelings of self-worth and self-esteem;
2. encouragement to enter jobs and careers that offer a better wage;
3. adequate programs to deal with post-abuse trauma;
4. education of professionals to become sensitive to the issues of sexism in general and to the understanding and treatment of women within the socio-economic-cultural context of their life situation; and
5. expansion of services currently available.

Training institutions reported that they did not require education of mental health workers about sexism issues in general or about the psychology of women in particular. *In summary, most responders felt that the mental health needs of women in Pennsylvania were not being met effectively by current services.*

TASK FORCE WORK

The task force's purpose was to identify women's mental health needs in Pennsylvania and to suggest intervention strategies that addressed those needs based on a systematic examination of the complex issues in women's lives related to their mental health. Professionals from several disciplines--including a college professor, private practice clinicians, a pediatrician, an attorney, a social worker, a women's center director, and a county commissioner--met to analyze: (1) women's developmental stages; (2) crisis events and chronic problems; and (3) the efficiency of women's mental health delivery systems. Six workshop themes emerged from these discussions, which became the conceptual framework for the conferences and surveys that followed. A statewide conference was planned so that experts could share ideas and garner the advice of mental health advocates, family and consumers, and professionals.

BRYN MAWR CONFERENCE

In 1986, a statewide conference was held at Bryn Mawr. Its goal was to expand the task force and create a network of Pennsylvania advocates, consumers, and professional women from a variety of disciplines, with the expectation that this larger group would contribute their experiences and expertise to:

1. identify and prioritize the mental health needs of women in Pennsylvania;

2. initiate the development of a state agenda to address these needs; and

3. provide leadership training for a series of Fall 1986 Regional Conferences organized to solicit information from local women.

The working sessions considered economic, physical, psychological and socio-cultural factors affecting women's mental health. The discussions were intense and often overwhelming. The needs outlined in initial discussions were many and vital, making it difficult to establish outright priorities. In addition, many of the strategies for effective long- term improvements in women's mental health would require a societal change in gender patterns.

Six working groups were formed, based directly on the six workshop themes initially identified by the Task Force:

1. Women's Mental Health Problems;

2. Physical Issues in Women's Life Spans (including reproductive health);

3. Interpersonal/Relationship Issues in Women's Life Spans;

4. Violence;

5. Special Populations; and

6. Women in Treatment.

The ideas generated by these six working groups ultimately resulted in recommendations for a mental health delivery system that would be responsive to the unique needs of women. The major, specific recommendations included:

1. Shifting the philosophical base of the Office of Mental Health from a medical model to a community based psycho-social model;

2. Charging the system with the responsibility of preparing informational material about gender patterns for distribution at training sessions and centers;

3. Requiring Accrediting and Licensing Boards to mandate at least one course on gender patterns in all programs training professional providers;

4. Urging universities, colleges, and public schools to review curricula and to consider adding needed courses and programs;

5. Training of professionals to assess the needs of women within the socio-economic-cultural context of their lives;

6. Urging those within the system, as well as external experts, to meet the desperate need for research, particularly applied research;

7. Including advocates, consumers, and providers in efforts to empower women. More women need to be in decision-making positions; and

8. Emphasizing primary preventions efforts as vital.

Following the statewide conference, the task force convened seven regional conferences and conducted three regional surveys to hear the voices of local women who were unable to travel to Bryn Mawr.

REGIONAL CONFERENCES AND SURVEYS

The seven regional conferences that followed the Bryn Mawr Conference were held in Erie, Philadelphia, Bucks County, East Stroudsburg, Allentown, State College, and Pittsburgh. Each of these conferences was organized by community volunteers who received guidance from the task force, but were encouraged to structure a conference that reflected community concerns and retained a regional flavor. The regional conferences differed somewhat in their organization, their themes, their methods of discussion and their numbers of participants (one meeting in Snow Shoe, Pennsylvania, consisted of only two women, but their concerns--particularly about the isolation of rural women-- were heard and considered). From this chorus of voices, representing women of all ages, backgrounds, experiences, and perspectives, a number of similar themes emerged. These themes are evident in the sections that follow. In addition opinions were received from women in the central, northeast and southcentral regions via survey responses. These too have been incorporated in this document. All of the conferences and surveys focused on the effects on women's mental health of:

1. physical health conditions;

2. relationships;

3. violence;

4. being a member of a special population; and

5. current mental health treatment practices.

ADVISORY COMMITTEE

Representatives from the region's advocates, family and consumers, and mental health professionals formed a fifteen-member Advisory Committee in the writing phase of the task force's work. These experts advised on both workshop topic areas and government implementation procedures and processes.

This executive summary and a more lengthy, detailed report of the task force's findings reflect the diverse concerns of Pennsylvanians about the current status of women's mental health. For information on the latter see page ii.

IV. WOMEN'S DEVELOPMENT AND MENTAL HEALTH

"...I was brought up to think that you kept your troubles to yourself. I never told anyone what was going on. You just don't tell...."

A comprehensive understanding of women's mental health requires an examination of women's development in the context of today's society. For the most part, traditional concepts and approaches to personal development have focused on young, middle-class white men and their early life experiences. The women's movement and the subsequent interest in women's studies led to a growing awareness and acceptance that the traditional concepts of personal development were not descriptive of women's lives, experiences and development. As a consequence, man/woman similarities and differences have been the subject of some exploration during the past two decades and have been looked at from various perspectives. Such research has begun to yield some generally accepted hypotheses. For instance, studies suggest that two major sources of man/woman differences are linked to these findings:

1. women's development is based on relationships and connections with family and friends; and

2. women have unequal access to power, money, and prestige.

WOMEN'S EMPHASIS ON RELATIONSHIPS

In effect, women tend to emphasize the importance of relationships and tend to experience continuity in their lives despite disruptions brought on by external events. Men, on the other hand, seem to be more event-oriented and tend to judge their successes and failures based on factors that enhance their power or economic well-being, such as, a new job, a promotion, or the attainment of materialistic goals.

Women's psychological well-being evolves from feelings and intuitions associated with nurturing and enhancing other people, such as their children, spouse or aging parents. Research suggests that many women bond with significant others in their lives without establishing a strong sense of themselves as separate, worthy individuals. This well-documented behavior seems to stem from the idea that *it* becomes normal for women to adapt and attune themselves to other people rather than to pursue self-oriented goals.

The emerging theories about women's psychological development recognize this "relational mold" and characterize women's mental health as a complex matrix of individual, family, work and environmental factors. Each is a distinct yet interrelated component resulting in a pattern that varies enormously from the traditional model on which psychological care is based.

WOMEN'S SOCIAL STATUS

Women's status in the social structure presents another, more tangible female/male difference that is particularly evident in matters such as money, divorce and victimization. The pay gap between men and women has increased in the recent past, and the resulting "feminization of poverty" has had an immeasurably negative effect on the mental health of women. Social status issues contribute to the uncertainty that undermines many women's lives, as is evident from Pennsylvania-based statistics that are frequently aired through the media.

* In 1970, Pennsylvania women earned 54% of the income men received.

* In 1980, women earned 57% of the income men received.

* In 1985, women earned 63% of the income men received. Thus, movement in closing the pay gap has been modest; women still earn significantly less than men.

* One year after divorce, a woman's standard of living falls 73%, whereas a man's standard of living rises 42%.

* In 1986-87, rape crisis centers in Pennsylvania served 12,300 clients.

* In 1986-87, 50,000 women and children were treated at domestic violence shelters.

* In 1986-87, a mother with two children received $365 per month in Aid to Families with Dependent Children (AFDC) despite the fact that federal poverty guidelines state that this family needs $760 per month for basic subsistence.

Current research substantiates the hypothesis that feelings of powerlessness or inadequacy, combined with overwhelming stress, result in depression. Given the foregoing data, it is not surprising that the *incidence of depression in women is two to three times higher than that in men.* Most experts believe that this high rate of depression is not due to biologic differences between the sexes or to any sex differences in the reporting of symptoms, but is *directly related to women's social status.*

Those with the highest rates of mental illness are poor, unemployed, married women with young children. Over the past ten years, *the two populations consistently at greatest risk for mental illness have been (1) poor, single parents (almost entirely mothers) and (2) young, married women who work in low-salaried jobs with little chance for advancement.*

WOMEN AND THE MENTAL HEALTH SYSTEM

A review of traditional mental health services in Pennsylvania shows that sexism adversely affects women, even those women who are patients in the mental health system. Treatment may be inappropriate, inaccessible or simply unavailable. Women may be judged "maladjusted" due to sex-discordant behavior, such as aggressiveness, even though the "typically" male behaviors of detachment, anger, and aggression tend to be regarded as mentally healthy. At the same time, "typically" female behaviors such as a dependency on relationships, an increase in emotional expressiveness (which often accompanies powerlessness) and a lack of self-confidence are judged as mentally unhealthy.

With illnesses such as schizophrenia and manic depression sex ratios approach 1:1; but the onset, diagnosis, course, severity and responses to medication differ for men and women. Nevertheless, research focuses on men or on mixed populations not separated by sex. The special needs of chronic female mental patients are rarely addressed. Women have less access to transportation, are burdened with child and elderly care responsibilities and have special gynecological and obstetrical needs which are sometimes overlooked.

Certain diagnoses held to be congruent with sex-role stereotypes tend to be made more frequently in women. Diagnoses of hysteria, phobias and depression in women abound, while problems that are inconsistent with society's often idealized view of women are ignored. Drug and alcohol abuse, for instance, are as common in women as in men yet treatment programs are designed primarily for men.

In the United States, over two-thirds of the prescriptions for psychotropic medications are written for women. The largest group of people addicted to tranquilizers are non-working housewives over the age of 35. However, since most drug programs are oriented to the treatment of illicit drug addiction, women represent only 15% of the annual admissions to drug and alcohol treatment facilities in Pennsylvania. Additionally, these programs lack almost all of the services, such as child care, which would make them more accessible to women.

Mental health effects brought about by the differences in women's development from the traditional male model, the impact of differential social expectations and treatment based on gender become vividly real when women are convened to discuss their lives and mental health issues. The findings of task force conferences and questionnaires elucidate the mental health issues of primary concern to women in Pennsylvania.

V. FINDINGS AND RECOMMENDATIONS

A. WOMEN'S MENTAL HEALTH

> "...My only means of emotional support had been my family. Now with my husband dead and the children away from home, I feel so isolated. I don't have a car. Recently, a woman from the mental health center has been phoning me, and I don't feel as trapped and alone...."

The diversity of women's voices across the state on women's mental health came together to express two major conclusions: *(1) ameliorating immediate or individual problems will not bring about the long-term changes necessary to deal effectively with women's mental health issues and (2) a change in the methods and personnel used in treatment, as well as a change in society's attitude toward women, will be required if mental health services are going to meet women's needs.*

Women's mental health concerns range from chronic illnesses, such as depression, eating disorders and schizophrenia, to environmental situations such as victimization, lack of transportation, child care and single parenting. Eight major categories of needs were identified in task force conferences and survey responses and resulted in the establishment of four priorities: primary prevention, mental health treatment, education and advocacy. These priorities should be addressed in treatment, research and education, which would be incorporated into the training and retraining of professionals, the delivery of services, and the addressing of issues to make services more available and useful to women.

A. WOMEN'S MENTAL HEALTH

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
1. MAINSTREAM WOMEN'S ISSUES through mental health funding for research services and programs in state level projects. If needed, fund new programs to identify women's unique needs across their lifespan.	1. Develop a statewide inter-disciplinary task force to review and monitor the education of practitioners at all levels about women's development/concerns.	Department of Education Department of Public Welfare
	2. Appoint women who are knowledgeable about women's mental health to relevant professional licensing boards and committees or advisory boards at state, regional and local levels to participate in program development	Licensing Boards Mental Health Associations PA Commission for Women
	3. Identify existing resources at a state-wide level that in-corporate women's mental health issues and patient information.	Office of Mental Health Department of Public Welfare
	4. Distribute information about sources of funding to appropriate agencies at the state level and coordinate these efforts into a state wide plan.	Department of Health Department of Public Welfare Office of Mental Health PA Commission for Women
	5. Grant allocations for funding only to programs that integrate women's mental health needs and only to agencies that develop appropriate services for women.	Department of Health Department of Public Welfare Office of Mental Health PA Commission for Women

A. WOMEN'S MENTAL HEALTH (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
2. STIMULATE RESEARCH initiatives that focus on gender patterns, that includes women clients and their program needs among appropriate state and local mental health personnel and facilities.	1. Identify and collect data on mental health clients and programs by gender, developmental span and ethnicity.	Bureau of Vocational Rehabilitation Department of Corrections Department of Public Welfare Mental Health Associations Women's Organizations
	2. Identify successful existing programs to serve as models.	
	3. Initiate research projects which develop demographics and programs about and for women at state, regional and local levels.	Department of Education Department of Health Department of Public Welfare Office of Mental Health PA Commission for Women
	4. Develop regional and local conferences that identify existing research data and resources at the community level that incorporate women's mental health issues and patient information.	County Offices Local Coalitions

A. WOMEN'S MENTAL HEALTH (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
3. CHANGE TO A PSYCHO-SOCIAL mental health delivery system. Change criteria so that community services become priorities, modfying regulations that mental health services be provided only at licensed facilities.	1. Encourage community organizations to provide educational programs for and about women's status.	Community Commissions for Women Local Women's Coalitions Women's Health Centers
	2. Identify funding sources that can be approached for statewide and local initiatives.	
	3. Initiate research that is based on appropriate data collection that incorporates innovative delivery of services and programming or focuses on special target populations.	Bureau of Vocational Rehabilitation Department of Education Department of Public Welfare
	4. Initiate innovative local programs with agencies collaborating to focus on specific target populations. Programs should be based on gender patterns, developmental span information and cost effectiveness.	Local Coalitions
	5. Developing a system for monitoring academic curricula from pre-school through grade 12 that ensures that women's concerns are integrated into the existing curriculum.	Department of Education Local Women's Coalitions Women's Studies

A. WOMEN'S MENTAL HEALTH (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
	6. Developing a system for monitoring academic curricula to ensure that women's concerns are integrated into all undergraduate and graduate programs and in professional human services training.	Graduate Schools Licensing Boards State Provider Associations
	7. Initiate programs that incorporate knowledge from the new psychology of women into the delivery of service.	Department of Aging Department of Community Affairs Department of Education Department of Health Department of Justice Department of Public Welfare
	8. Initiate a collaborative effort among academic and political leadership to identify needs and to advocate greater awareness about women's and family life issues at state, regional and local levels.	Colleges and Universities Commissions for Women Curriculum Development Offices Department of Education Licensing Boards

B. PHYSICAL ISSUES IN WOMEN'S LIFE SPAN: PHYSICAL AND REPRODUCTIVE

> "...I felt so terrible after I lost my baby. My husband and the doctor didn't understand what a loss it was to me..."
>
> "...When I became pregnant, I couldn't tell my parents, and I didn't know where to go for help..."
>
> "I felt mutilated after my mastectomy and I withdrew from my husband, family and friends. I hurt more on the inside of me than from the surgery..."

A woman's mental health is greatly affected by her own understanding of physical illness as well as the emotional support she receives from others in her life, such as family members, friends and from attending medical personnel.

The number of women's physical issues that relate to mental health are vast. Consequently, for task force purposes, the subject matter was narrowed to discussion of the following topics in life-stage order: premenstrual syndrome (PMS), birth control, pregnancy, abortion, post-partum depression, infertility, miscarriage, breast cancer, mastectomy, hysterectomy, menopause, aging and osteoporosis.

B. PHYSICAL ISSUES IN WOMEN'S LIFE SPAN: PHYSICAL AND REPRODUCTIVE (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
4. PROMOTE HEALTH CARE CENTERS for people, particularly women and families, with an emphasis on women and family life education.	1. Facilitate local consumer education workshops as the initiating steps for women's health support groups on the following: pre-menstrual syndrome (PMS), birthing experiences, cancer, menopause, osteoporosis, etc. The consequences of the illness upon the person's mental health and family life should be included in the workshop program.	Community/Regional Groups PA State Association of County Commissioners
5. CREATE REGIONAL COMMITTEES of advocates, family and consumers, and inter-disciplinary providers to encourage distribution of fact sheets. From the state level, develop a speaker's bureau on breast-screening clinics, etc.	1. Develop training materials for lay and professional support group leaders on physical conditions of women, including the impact of such on their mental health. The goal of these programs is humanistic health care for women.	Community/Regional Groups Department of Health PA State Association of County Commissioners

B. PHYSICAL ISSUES IN WOMEN'S LIFE SPAN: PHYSICAL AND REPRODUCTIVE (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
6. DEVELOP A HOTLINE SYSTEM based on types of information and frequency of calls from current consumers' queries. The state and geographic regions should be served separately.	1. Hold regional conferences to determine available resources within specific communities and on specific topics of physical health.	Department of Aging Department of Community Affairs Department of Health Department of Public Welfare PA State Association of County Commissioners
7. INITIATE A TASK FORCE FROM MEDICAL COLLEGES and profesional provider associations to develop programs related to family life education. Develop fact sheets and a speakers' bureau to encourage media coverage on specific physical conditions. The material should include patterns specifically relevant to women's physical health.	1. Educate professional women to join with policy makers and service providers in taking responsibility for and making decisions about their own health care, particularly in the training of professionals, in the delivery of service, and in consumer education at the state and regional levels.	Department of Aging Department of Community Affairs Department of Education Department of Health Department of Public Welfare Medical Colleges Women's Organizations/Shelters

C. INTERPERSONAL ISSUES IN WOMEN'S LIFE SPAN: RELATIONSHIPS

> "...It feels so strange to have only the children to turn to for support..."
>
> "...Nobody makes him pay for the kids. I feel so bad that I can't earn enough to give them things like their friends have...."

Many women are conditioned from an early age to meet the needs of others, often at the cost of satisfying their own physical and emotional needs. Women are the *primary caregivers in our society* and must often seek support systems that enable them to provide care without damage to their own mental health. Our society must acknowledge the need for support services for families, including such necessities as flexible, innovative community programs for respite and day care, flex-time schedules, alternative work sites and after-school care. Furthermore, the educational system must begin to incorporate aspects of family living and mental health into all curricula. The image of the traditional four-person nuclear family with a bread-winner father, homemaker mother, and two children is sharply contradicted by the reality of increasing numbers of mixed families due to divorce and remarriage, rising proportion of mother-only families, the increasing number of women employed outside the home and the increasing number of elderly. These issues, as discussed in task force sponsored gatherings and surveys, reflect an examination of the impact on mental health of changing relationships and events during the course of a woman's lifetime. Viable topics include aging, marriage, divorce, isolation, motherhood, single parenting, widowhood and the empty nest experience.

Women need to be encouraged to develop positive self-images, to prepare for a *career* rather than a job, and to assume responsibilities rather than expect to be supported by others. The educational system, in turn, must address these changes in the expectations and needs of today's women and children.

Mental health professionals are beginning to recognize the relationship between mental illness and financial stress, which affects entire families. Physical abuses of children and the elderly, substance abuse of drugs and alcohol, and crime are often a response stemming from financial stress.

Moreover, recent statistics on aging in Pennsylvania highlight the growing need for services for elderly women, especially in light of their poor economic status.

* Pennsylvania is third in the nation for percent of the population over 65 years of age.

* More than 60% of these older people are women.

* 70% of the Commonwealth's elderly poor are women; 83% of these women live alone.

An improved, less expensive mental health care delivery system can only result from an examination of the biases about women and the incorporation of new theoretical, therapeutic, and interactional factors about women's lives. Preventive measures, such as counseling for life crisis situations, are not available. In most cases, a woman's situation has to become critical before she receives help. Furthermore, extensive use of medication for women's health problems needs to be identified; the approriateness of such medications and the potential for drug dependency must be considered on a routine basis.

C. INTERPERSONAL ISSUES IN WOMEN'S LIFE SPAN: RELATIONSHIPS (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
8. DEVELOP COMMUNITY PREVENTION WELLNESS PROGRAMS that service women with problems prior to their being identified as mentally ill.	1. Identify already existing community resources for the delivery of mental health service, focusing on women's access to these services.	Department of Public Welfare PA Commission for Women
	2. Develop a statewide directory of women's human services programs.	Women's Centers
9. ASSURE CHANGES IN THE MENTAL HEALTH SYSTEM'S PROPOSED GOALS by increasing the numbers of women in government and in professional and community organizations; promote women as political appointees.	1. Identify and support competent candidates for elective office.	Planning Advisory Councils Political Parties
	2. Increase network systems in order to support affirmative decisionmakers.	Local and State Women's Coalitions
	3. Support county commissioners who are informed about women's issues in all 67 counties.	Citizens
	4. Identify and disseminate through the media the gubernatorial candidates' positions in regard to women and their intentions regarding appointments favorable to women.	Local and State Women's Organizations and Coalitions Media Women's Agenda

C. INTERPERSONAL ISSUES IN WOMEN'S LIFE SPAN: RELATIONSHIPS (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
	5. Recruit, support and encourage women, especially therapists, to enter the political arena and obtain high level administrative positions. Support political candidates who promote women's mental health.	Department of Public Welfare National Advocacy Associations Planning Advisory Councils Professional Associations
10. RELIEVE ECONOMIC STRESSES on women through legislation and policy to provide a standard of living conducive to good mental health.	1. Seek strategies that allow parents to share child care responsibilities; i.e., parental leave, flex-time.	Employers Personnel Associations Local Business and Community Coalitions Pennsylvania Legislature
	2. Evaluate employment practices, equity pay issues, and family and medical leave; prosecute discriminatory employers.	Legal Aid
	3. Develop a position paper on pay equity/comparable worth issues that can be distributed to legislators and other concerned citizens at the local and state levels.	PA Commission for Women Unions or women's labor union coalitions Women's Agenda

C. INTERPERSONAL ISSUES IN WOMEN'S LIFE SPAN: RELATIONSHIPS (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
11. INCORPORATE FAMILY LIVING/MENTAL HEALTH COMPONENTS into all professional educational training systems.	1. Require the inclusion of gender patterns/issues in training for human services providers, especially for administrators, physicians and therapists in order to assess the needs of women within the socio-economic-cultural context of their lives. 2. Require all private industry councils to provide job training programs which include child care and transportation costs when needed by participants.	Department of Aging Department of Community Affairs Department of Education Department of Health Department of Labor/ Industry Department of Public Welfare PA Commission for Women

C. INTERPERSONAL ISSUES IN WOMEN'S LIFE SPAN: RELATIONSHIPS (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
12. EXPAND THE PA COMMISSION FOR WOMEN'S NEWSPAPER and other media to include mental health in their coverage.	1. Collect information on model women's programs, compile a resource directory for policy makers.	Media PA Commission for Women
	2. Design and offer special programs about women, survivor groups (physical and sexual abuse), adult children of alcoholics, families, problem eaters, and alcohol and drug abusers.	Mental Health Agencies Mental Health Organizations Mental Health Provider Associations PA Commission for Women
	3. Use radio and television programs and local newpapers to publicize mental health services focusing on women; publish articles in magazines such as Women's Day and McCall's on this mental health conference and others like it.	Media Associations

D. VIOLENCE

> "...I kept praying for him. And when he was okay, he was so sweet, ya' know? But when he hit Sara and knocked her out--she's five--well, then...we left...."

Violence cannot be acceptable in our society, and both women and men should be able to live in a society that is violence free. To create a safer environment, women need to be empowered to make decisions from a wide range of choices and to have ample supportive resources which are adequately funded.

According to reports made at state, national and international conferences, the primary causes of stress in women are powerlessness and an inability to control events and circumstances critical to safety, health and economic well-being. People are freer to flourish psychologically when they are living under conditions of safety, security and freedom from threat. Conversely, mental well-being suffers when these conditions do not exist.

According to the voices raised in task force conferences and surveys, programs now in place are doing a good job; but the critical issue of adequate funding remains. Sufficient funding must be assured, particularly in rural areas of Pennsylvania. Innovative ideas and services regarding the abused and abusers, drug and alcohol treatment, and mental health delivery must be integrated into the overall approach. The basic needs in the area of women and violence are to:

1. empower women and children;

2. assure the continuing and adequate funding of shelters and programs for battered women and children, as well as rape crisis centers;

3. offer feminist empowerment counseling; and

4. increase education for children about violence-free relationships.

Violence, in general, must be dealt with more effectively; and others outside the profession must be educated about the relationships involved. Ultimately, the psychological development of men, along with the cultural institutionalization of male violence, must be looked at more closely in an attempt to understand the origin of a psychology and a sociology that allow so many himan biengs to do violence to others. Moreover, professionals must be trained to recognize and eliminate wrongs within the mental health system and must incorporate an understanding of gender stereotyping, powerlessness and violence into their work.

D. VIOLENCE (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
13. INCREASE FUNDING OF PROGRAMS AND SERVICES at state and local levels that deal with violence toward women and children.	1. Questions about sexual and physical abuse should be included in all social histories taken in all mental health facilities.	Office of Mental Health
	2. Increase elected or appointed officials' understanding of the long-term effects on abused/abuser; urge them to ensure adequate funding, protective laws and training, including of professionals.	Legislative Staff Education PA State Association of County Commissioners
	3. Unify women's advocacy groups to lobby for increased funding to combat domestic violence and sexual assault and for child abuse centers and new programs where needed.	PA Bar Association PA Coalition Against Domestic Violence PA Coalition Against Rape PA Commission for Women

D. VIOLENCE (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
14. HEIGHTEN POLITICAL AND SOCIAL AWARENESS to eliminate violence in society.	1. Implement recommended curricula and training programs on education about violence against women and children.	Department of Education Curriculum Development Offices Office of Children, Youth and Families
	2. Form collaborative committees to review all school curricula to ensure that current research and prevention of violence are included.	PA Coalition Against Domestic Violence PA Coalition Against Rape PA State Education Association
	3. Questions about sexual abuse should be included in all social histories taken in private all and public mental health facilities.	PA Coalition Against Domestic Violence PA Coalition Against Rape
	4. Increase public awareness through media and education about violence and prevention.	Media Associations
15. COORDINATE ORGANIZATIONS CONCERNED WITH ABUSE so that efforts are not duplicated and effectiveness is maximized.	1. Develop a set of research priorities that can be undertaken at the state and local level.	PA Commission for Women Department of Community Affairs Department of Corrections Department of Education Department of Public Welfare PA Coalition Against Domestic Violence PA Coalition Against Rape PA State Association of County Commissioners Women's Agenda

D. VIOLENCE (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
	2. Urge qualified women to join with policy makers in taking responsibility and making decisions concerning the prevention and treatment of abuse/ violence (physical and mental); in the training of professionals; in the delivery of services; and in consumer education at state and regional levels.	Department of Community Affairs Department of Corrections Department of Education Department of Public Welfare PA Coalition Against Domestic Violence PA Coalition Against Rape PA Commission for Women PA State Association of County Commissioners Women's Agenda

E. SPECIAL POPULATIONS

> "...Ya' mean ya' got a problem? Look at me, and I been in prison, yeah. But I gonna make it, y'hear? I got a kid now...."

Women statewide voiced concerns about the special needs of certain subpopulations of women, which often go unrecognized and unmet. These special populations include Asian, Black, and Hispanic women; lesbians; differently- abled women; rural women; incarcerated women; and women veterans. All of these women are at multiple risk for poor mental health because they face the added pressures of being not only a woman, and therefore a second-class citizen, but also the member of a minority subpopulation of women. (The task force deemed language such as "doubly disadvantaged" and "dually diagnosed" as objectionable because of the negative connotations.)

The problems of these special women tend to increase proportionately to the extent that other risk factors, such as poverty, addiction, poor health care, and limited education exist. Current human resource systems are not coordinated to deal with minorities, to handle people facing multiple problems, or to encourage these "invisible" women to take advantage of the resources available.

The system itself, rather than the inherent status of these women, causes additional problems. The system needs to be changed but, in addition, empowering women in these special populations through education experiences and through information sharing. Self-help is less significant here than are solutions directed at changing the existing system.

In essence, special populations are vulnerable to numerous simultaneously occurring problems, which are complicated by the fact that provider agencies can be, at best, nonresponsive and, at worst, insensitive and discriminatory. Special populations, however, are made up of survivors--women who are adaptive, who make creative use of limited resources, and who overcome numerous obstacles to nurture others and be productive in our society.

Women, as well as men, need to realize that our own language and lives can promote a recognition of the needs of special populations. In daily life, at conferences, at community gatherings, and so forth, we can serve as an immediate resource for change by raising issues that lead to positive changes for these women.

E. SPECIAL POPULATIONS (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
16. ESTABLISH A TASKFORCE of advocates, consumers, and providers to learn how best to meet the mental health needs of women's special population. The task force should then be empowered to oversee implementation.	1. Urge qualified women to join with policymakers in taking responsibility for, and making decisions about the physical, mental, social and economic care of special populations of women; in the training of professionals; in the delivery of services; and in consumer education at state and regional levels.	Bureau of Vocational Rehabilitation Department of Corrections Department of Labor Department of Public Welfare Local Community Organizations andAgencies
17. INCORPORATE INFORMATION ON SPECIAL POPULATIONS into preschool through professional education curricula.	1. Include courses on special therapy as a requirement for licensing related professions and include these populations in the licensing exams.	Department of Education Department of Public Welfare Department of Corrections Licensing Boards
	2. Accredit only those educational institutions from preschool through professional training which incorporate the needs of special populations.	PA Commission for Women Professional Organizations Women's Organizations

E. SPECIAL POPULATIONS (cont'd)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
18. DEVELOP INSERVICE AND CONTINUING EDUCATION PROGRAMS on the mental health needs of women's special populations.	1. Institute inservice training programs for employees who deliver human services and focus these programs on the needs of special populations. Parituclar attention should be given to consciousness raising.	Department of Community Affairs Department of Correction Department of Education Department of Health Department of Public Welfare Office of Mental Health Office of Mental Retardation
	2. Explore funding sources at the national and state level for special programming and retraining of professionals in the needs of special populations of women.	PA Commission for Women PA State Association of County Commissioners

F. WOMEN IN TREATMENT

> "I felt so scared and helpless all my life. I told the counselor how hard it was to be a kid growing up. I don't think the counselor understood what it was like for me to be a little girl..."

Women need to have a greater understanding of their illness, to determine with providers their treatment plans, and to decrease their reliance on medication and their dependency on inappropriate systems of services. To take responsibility for their own mental health, women must have information regarding available services and the potential benefits of mental health treatment. The range of treatment options can be increased from self-help to more specialized treatment modalities through the interaction of self-help group members and networking, evaluating the appropriateness and availability of treatment for women in the private and public sectors, and examining issues involving the education of mental health care providers.

Psychological treatment aimed at enhancing the self and empowering the woman should examine:

1. how the woman has enhanced others and whether she has empowered them more than herself; and

2. how her illness relates to her potential strengths and weaknesses within the socio-economic-cultural context of her life situation.

In treatment, women should be encouraged to view their experiences within the context of their relationships, to identify their own needs and desires, and to examine why they are seeking mental health services. Their families should also consider how they perceive the women's needs, desires, and treatment.

Educating interdisciplinary providers about sociological, biological and psychological gender patterns is critical. Furthermore, mental health workers must be able to identify and diagnose alcohol and/or substance abuse, so that clients can be referred for appropriate treatment. In addition, the general practitioner needs to be educated about the use of psychotropic drugs.

Planning toward discharge and aftercare should begin on admission. Treatment should be expanded to include physical needs, sexuality and relationships. Questions about sexual and physical abuse should be included in all social histories taken in mental health facilities (hospital & community). Wages, housing, accessibility to appropriate service and ancillary support services (such as child care, transportation, and adult day care) need to be considered.

Nontraditional services, such as self-help groups, provide support in situational crises and also present a range of treatment options. Women's networking activities serve as a potential source of support; the importance of networking needs to be recognized. Possibly such interactions can be integrated into the mainstream of mental health delivery services.

F. WOMEN IN TREATMENT

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
19. ESTABLISH AND ENSURE THE AVAILABILITY OF ALTERNATIVE MENTAL HEALTH SERVICES that focus on women's needs and wellness and that are sensitive to various groups of women such as Asians, Blacks, Hispanics, youth, elderly, lesbians, the handicapped, divorced, women in multiple roles, mothers of chronically ill (mental & physical), etc.	1. Assess mental health services to determine which modalities facilitate empowerment of women, enhance self-esteem, and increase women's ability to attain independence within the socio-economic-cultural context of her life situation.	Department of Community Affairs Department of Health Department of Public Welfare Office of Mental Health PA State Association of County Commissioners
	2. Increase the availability of, and accessibility to, child care and dependent care services, including the use of a voucher system for payment.	Department of Community Affairs Department of Labor/Industry Department of Public Welfare Office of Children, Youth, and Families PA Commission for Women
	3. Provide services to family caregivers for establishing respite care.	Human Services Agencies Women's Centers

F. WOMEN IN TREATMENT (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
	4. Institute wellness programs that specifically focus on women's physical, psychological and socio-economic-cultural environmental experiences.	Department of Aging Department of Community Affairs Department of Health Department of Public Welfare Office of Mental Health Office of Children, Youth and Families PA Commission for Women
	5. Develop women's self-help groups to meet crisis situations in the mental, physical, and economic areas of women's lives.	Women's Centers
20. DEVELOP LONGTERM PREVENTION STRATEGIES.	1. Urge qualified women to join with policymakers in taking responsibility for, and making decisions about women's mental health care; in the training of professionals; in the delivery of services; and in consumer education at state, regional and local levels.	Legislature Mental Health Agencies Mental Health Organizations Mental Health Provider Associations PA Commission for Women PA State Association of County Commissioners Women's Coalitions

F. WOMEN IN TREATMENT (cont'd.)

Goals and Strategies

Long-Term Goals	Short-Term Goals	Recommended PA Systems
21. ENSURE THAT ALL MENTAL HEALTH TREATMENT PROVIDERS ARE SENSITIVE TO WOMEN'S NEEDS, particularly among various groups of women.	1. Develop inservice programs for mental health providers and general practitioners regarding women's psychological development and mental health issues, including over-medication of women, staff bias and discriminatory attitudes.	Department of Public Welfare Office of Drug/Alcohol Office of Mental Health
	2. Present weekly special-cycle educational programs to women's issues groups and include the dissemination of information about women and women's needs on topics such as women's health, body image, weight problems, paid work, parenting, relationships with other women, relationships with men, etc.	Local Coalitions Women's Centers Women's Organizations

VI. SUMMARY

Our changing society has brought new choices, opportunities and responsibilities. Policymakers must determine the implications of these changes and implement effective programs to respond to the mental health needs of today's women--which, to date, have been largely overlooked. Women's development must be viewed from the perspectives of gender, life span, ethnicity and societal effects. From the data collected, the task force believes that the current understanding of women's mental health is incomplete and that present programs and services are inadequate and often inappropriate to women's needs.

In 1987, The National Institute of Mental Health (NIMH) has identified the following high priority research areas for women's mental health:

1. Diagnosis and treatment of women, including pharmacological differences by gender;

2. Causes and mental health effects of violence against women;

3. Causes and mental health effects on women of multiple roles and the "burden of caring";

4. The mental health issues of older women; and

5. The mental health effects of poverty on women, with emphasis on minority and female heads of households with dependent children.

In addition, the Pennsylvania Task Force for Mental Health: Women has identified the mental health needs of Pennsylvania women. Based on the basic findings collected over a three-year period in surveys and conferences, the task force recommends the immediate development of six priority recommendations to address the mental health needs of women in the Commonwealth:

1. Collect data about women's mental health;

2. Disseminate information about women's services and programs through telephone hotlines;

3. Publish and distribute resource guides of existing women's services;

4. Investigate and develop model programs;

5. Undertake research on women's multiple roles and their impact on women's mental health; and

6. Seek ongoing funding for the Pennsylvania Task Force for Mental Health: Women.

The task force's three-year effort is a beginning in the development of a Pennsylvania mental health service system that truly meets the needs of women. The implementation of task force findings, coupled with intensive national research in the areas recommended by NIMH, will open the door to a long overdue attuning of the mental health system to women's needs, which can only improve the well-being and quality of life for everyone-- women, men, and children.

VII. PENNSYLVANIA TASK FORCE FOR MENTAL HEALTH: WOMEN

STEERING COMMITTEE

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Barbara L. Claster, Ph.D.

Members

Janet Foner
Rie Gentzler, M.A.
Barbara Gordon, M.A.
Dorothy Tribus, R.N.
Kathryn Towns, Ph.D.

TASK FORCE MEMBERS

Co-Chairs

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Kathryn Towns, Ph.D.

Members

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Ilda Ficher, Ph.D.
Matti Gershenfeld, Ed.D.
Jean Gorsky, M.A.
Mary Lou Mlecko, M.Ed.
Beth G. Resko, M.S.S.W.
Carol Rosckowff, M.D.
Ruth Rudy
Sara Webster, J.D.
Judith White
Georgeann Zogas

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Evelyn Frantz
Cynthia Zubritsky, M.A.

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Genevieve P. Wasuta
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Betsy Zimmerman, D.Ed., RMT-BC

Staff

Kathy King

PENNSYLVANIA TASK FORCE FOR MENTAL HEALTH: WOMEN (cont'd.)

TASK FORCE

Regional Conference: Chairs & Counties

Person Responsible	Counties
Philadelphia & Delaware County Regional Conference	
Taylor Anderson, M.A.	Delaware
Ilda V. Ficher, Ph.D.	Philadelphia
Buck, Chester & Montgomery Counties Regional Conference	
Mattie Gershenfeld, Ed.D.	Bucks
Elizabeth Kulick	Chester
Sara Webster, J.D.	Montgomery
Northeast Regional Survey	
	Bradford
	Lackawanna
	Luzerne
	Sullivan
	Susquehanna
	Tioga
	Wayne
	Wyoming
Northcentral Regional Conference	
Wendy Becker, M.A.	Blair
Marion Gindes, Ph.D.	Centre
Beth Resko, M.S.S.W.	Clearfield
	Clinton
	Columbia
	Huntingdon
	Juniata
	Lycoming
	Mifflin
	Montour
	Northumberland
	Snyder
	Union

PENNSYLVANIA TASK FORCE FOR MENTAL HEALTH: WOMEN (cont'd.)

TASK FORCE

Regional Conference: Chairs & Counties (cont'd.)

Person Responsible	Counties
Southwestern Regional Conference	
Irene H. Frieze, Ph.D. Michelle Jones, M.A.	Allegheny Armstrong Beaver Bedford Butler Cambria Fayette Greene Indiana Somerset Washington Westmoreland
Allentown/East Stroudsburg Regional Conference & Survey	
Kelly Ace Margaret M. Cox E. Jean Gorsky, M.A.	Berks Carbon Lehigh Monroe Northampton Pike Schuylkill
Southcentral Regional Survey	
	Adams Cumberland Dauphin Franklin Fulton Lancaster Lebanon Perry York

PENNSYLVANIA TASK FORCE FOR MENTAL HEALTH: WOMEN (cont'd.)

TASK FORCE

Regional Conference: Chairs & Counties (cont.d)

Person Responsible	Counties
Northwest Regional Conference	
Shirley Bursey, M.A. Diane Castilli-Sawicki, Ph.D.	Cameron Clarion Crawford Elk Erie Forest Jefferson Lawrence McKean Mercer Potter Venango Warren